



TEXAS DEPARTMENT OF HEALTH
AUSTIN, TEXAS
INTER-OFFICE MEMORANDUM

Barbara Keir

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies

FROM: Barbara Keir, Director
Public Health Nutrition and Education
Bureau of Nutrition Services *Barbara Keir*

DATE: August 9, 2000

SUBJECT: Certification Changes: Effective November 1, 2000

This memo is to notify you of some upcoming changes related to the certification process. We have received information from USDA regarding changes to our nutrition risk conditions. A new risk condition for folic acid for breastfeeding and postpartum women only has been added and some definitions of existing risk conditions have been modified. These changes have necessitated revisions to the participant and diet/health history forms for women and children.

In addition, we have modified the way fruits and vegetables are scored. The change has simplified the scoring process of fruits and vegetables and made it consistent with the way each food group is scored. As a result, the food guide pyramid on the women's and children's diet history form has been revised to reflect the recommendation of three servings of vegetables and two servings of fruits.

Our goal is to have the new forms distributed by mid-October in time to implement November 1, 2000. The amount that we sent to each local agency during the last distribution (4/00) is listed on the attached form. If the amount listed for your agency is inadequate, please enter the amount you would like to order and fax the information to Paula Kanter by August 18 at 512-458-7609. If *the amount is adequate, you do not need to submit any changes.*

We will send a follow-up memo with details of the changes to assist you in training your staff. Copies of the new forms, instructions for scoring, and the revised Diet History/Dietary Recall & Assessment Self-Paced Training Guide will be distributed through a separate mailing prior to November 1, 2000.

If you have any questions related to the above changes, contact Paula Kanter or Isabel Clark, Clinical Nutrition Specialists, at (512)458-7444, or e-mail Isabel.Clark@tdh.state.tx.us.

Attachment

PARTICIPANT and DIET/HEALTH HISTORY FORMS FOR IMPLEMENTATION 11/1

IF THE NUMBER OF FORMS LISTED FOR YOUR AGENCY IS INADEQUATE:

In the spaces provided, enter your local agency number, phone number and the correct amount of each form you would like to order. **FAX this information to Paula Kanter at 512-458-7609 by August 18, 2000.** (If the amount is adequate, do not respond.)

Local Agency		Phone No.	
WIC-38	WIC-40	WIC-41	
WIC-44	WIC-44a	WIC-45	WIC-45a

LA	Participant Forms			Diet/Health History Forms			
	WIC-38 Child	WIC-40 BF	WIC-41 N	English WIC-44 Child	English WIC-45 Women	Spanish WIC-44a Child	Spanish WIC-45a Women
1	6,000	3,000	2,000	4,000	2,000	2,000	2,000
3	15,000	10,000	10,000	15,000	15,000	4000	2000
4	3,000	500	500	3,000	1,500	1000	1000
5	7,000	2,000	2,000	7,000	7,000	2000	500
7	40,000	15,000	40,000	40,000	40,000	40,000	40,000
9	5,000	5,000	5,000	5,000	5,000	5000	5000
10	2,000	500	750	2,000	1,500	1000	500
11	18,000	2,000	4,000	18,000	10,000	5000	5000
12	100,000	100,000	100,000	100,000	100,000	100,000	50,000
13	60,000	10,000	12,000	60,000	45,000	8000	10000
15	2,000	2,000	2,000	2,000	2,000	4000	2000
17	11,000	7,000	6,000	11,000	13,000	11000	11000
18	1,000	1,000	1,000	2,000	2,000	100	100
19	5,000	5,000	5,000	5,000	5,000	300	300
20	4,000	2,000	2,000	4,000	4,000	2000	2000
21	2,000	2,000	2,000	2,000	2,000	0	0
22	10,000	10,000	10,000	10,000	10,000	3000	3000
23	2,500	2,500	2,500	2,500	2,500	0	0
24	3,500	6,000	3,500	6,000	3,500	3000	3000
26	20,000	100,000	70,000	100,000	30,000	20,000	20,000
27	15,000	15,000	15,000	15,000	15,000	100	100
28	2,000	1,000	1,000	2,000	1,000	1,000	500
29	6,000	600	1,200	6,000	3,000	7600	3700
30	2,000	1,000	1,500	2,000	1,500	0	0
31	7,000	1,500	2,000	7,000	6,500	0	0
32	1,000	500	1,000	1,500	1,500	1500	1500
33	60,000	20,000	20,000	60,000	30,000	6,000	26,900
34	1,000	2,000	2,000	2,000	2,000	3000	3000
35	4,000	2,000	2,000	4,000	4,000	6000	5000
36	8,000	6,000	6,000	8,000	6,000	6,000	6,000
37	2,000	2,000	2,000	2,000	2,000	200	200
38	10,000	10,000	10,000	10,000	10,000	3000	3000
39	5,000	1,000	2,000	5,000	5,000	500	500
40	6,000	2,000	3,000	6,000	8,000	300	300
41	70,000	40,000	50,000	70,000	70,000	5,000	3,000

PARTICIPANT and DIET/HEALTH HISTORY FORMS FOR IMPLEMENTATION 11/1

LA	WIC-38 Child	WIC-40 BF	WIC-41 N	WIC-44 Child	WIC-45 Women	WIC-44a Child	WIC-45a Women
42	5,000	1,500	1,500	5,000	5,000	1000	1000
43	500	300	500	500	500	100	100
44	2,000	2,000	2,000	2,000	3,000	4000	4000
45	700	300	400	700	700	250	250
46	8,500	1,000	2,000	8,500	5,000	4000	4000
48	40,000	20,000	20,000	2,500	2,500	5000	5000
49	1,000	500	1,000	1,000	1,000	200	200
51	2,000	500	1,000	2,000	2,000	100	100
52	1,000	1,000	1,000	1,000	1,000	1000	1000
53	1,000	1,000	1,000	1,000	1,000	100	100
54	45,000	25,000	35,000	45,000	45,000	6000	6000
56	2,500	3,000	6,000	2,500	2,500	500	500
58	2,000	300	600	2,000	1,500	500	500
59	3,000	1,000	2,000	3,000	2,000	1000	500
60	1,000	1,000	1,000	1,000	1,000	100	100
61	3,000	2,500	2,500	3,000	3,000	500	500
62	1,000	1,000	1,000	1,000	1,000	25	25
63	2,000	2,000	2,000	2,000	2,000	0	0
64	5,000	2,000	3,000	5,000	5,000	500	500
65	1,500	1,500	1,500	1,500	1,500	250	250
66	3,000	500	500	3,000	2,500	200	100
67	500	500	500	500	500	100	100
68	600	600	600	600	600	100	100
69	2,000	2,000	2,000	2,000	2,000	100	100
70	3,000	3,000	3,000	3,000	3,000	0	0
71	1,000	500	500	500	750	750	750
72	500	200	300	500	500	50	50
73	4,000	4,000	4,000	4,000	4,000	5000	5000
74	500	250	250	500	750	100	50
76	12,900	12,100	13,000	13,800	13,650	5500	6250
77	3,000	1,000	1,000	3,000	3,000	3000	3000
79	500	200	300	500	500	100	100
80	1,000	1,000	1,000	1,000	1,000	400	400
83	3,400	2,600	2,700	4,700	3,200	400	400
84	8,000	2,500	2,500	8,000	8,000	2000	2000
87	2,000	500	500	2,000	1,500	500	250
88	5,500	500	1,000	5,500	3,500	500	500
89	1,500	1,500	1,500	1,500	1,500	200	200
90	9,000	1,000	1,000	9,000	5,000	500	500
91	2,000	2,000	2,000	2,000	2,000	200	200
94	20,000	2,000	4,000	20,000	10,000	4500	2500
95	500	300	400	500	500	100	100
97	2,000	1,000	1,500	2,000	3,500	500	300
100	12,000	9,000	9,000	12,000	12,000	2500	2500
101	300	150	150	300	300	300	300
102	4,000	2,000	4,000	4,000	4,000	0	0
103	5,000	5,000	5,000	5,000	5,000	100	100
104	100	100	100	100	100	100	100
105	200	1,000	800	1,000	200	100	100
106	800	200	400	800	750	200	200